



Permit # _____
Date _____
SBL _____

DEMOLITION PERMIT APPLICATION

Fee: \$ _____ Cash: _____ Check #: _____

Owner: _____ Phone #: _____

Property Address: _____ Mailing Address: _____

Contractor: _____ Phone #: _____

Address: _____

Structure to be Demolished: _____ Sq. Footage: _____ Height: _____

You Must Contact:

Date & Person Contacted:

Gas/Propane/Oil..... _____
Village of Akron Water 585-547-9410..... _____
Village of Akron Electric 542-2680..... _____
Erie County Health 858-7677..... _____
Telephone _____
Cable Company _____
State 847-3575/County 759-8328/Village Highway 542-2860..... _____
Underground Locator 800-962-7962 _____

In accordance with NYCRR 56.5.1, an asbestos survey **must be performed prior to demolition**

A copy of the asbestos survey must be provided to the Building Dept. prior to issuance of demolition permit.

Date _____ Code Enforcement Officer _____

Clerk _____ Mayor _____